

**OPERATION HOUSECALL
Consumer Volunteer Application**

Name: _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Best time to call: _____ **Phone #:** _____

Please complete this form and return it to us as soon as possible. The medical students use this information to prepare for their visit with you and understand that it is strictly confidential.

What is the nature of your disability? _____

What is your primary language? _____

If you use an alternative means of communication, what is it? _____

If there are others sharing your living arrangement, who are they and what is their relationship to you? _____

May two UCI Medical Students will visit you? __yes __ no

FYI: All UCI first year medical students participate in Operation Housecall as part of their required curriculum. By sharing your life experiences and your expectations, you will be teaching future doctors how to better serve people who have disabilities. Thank you so much for participating in OPERATION HOUSECALL.

**When completed, please return this form to
State Council on Developmental Disabilities, Area Board XI
2000 East Fourth Street, Suite 115
Santa Ana, California 92705
Phone: (714) 558-4404
Fax: (714) 558-4704**